

Taylor Transfer, Inc.
P.O. Box 699
Boardman, OR 97818
Phone (541)481-2736
Fax (541)481-2766
taylortransfer@centurytel.net

FMCSA
OFFICE OF CHIEF COUNSEL
2008 JUL -8 AM 11:09

DEPT. OF TRANSPORTATION
DOCKETS
2008 JUL 10 A 9:04

June 19, 2008

In regards to: Requesting Administrative Review of Safety Rating

U.S. DOT Dockets

U.S. DOT Department of Transportation

400 Seventh Street S.W., Room PL-401

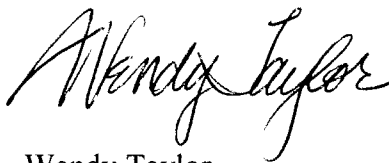
Washington D.C. 20590

FMCSA-2008-0215

To Whom It May Concern:

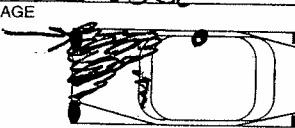
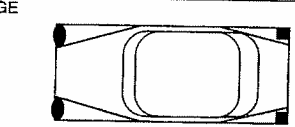
I sent a letter concerning our Safety Rating based on the Factor 6 recordable accident rate on June 9, 2008. The accident in question occurred 9-19-07. We believe that this accident was a non-preventable accident on our part. I am sending a copy of the police report from the Oregon DMV and the official letter of our conditional rating. If you have any questions please contact either Wendy or Jami at (541)481-2736

Thank you,

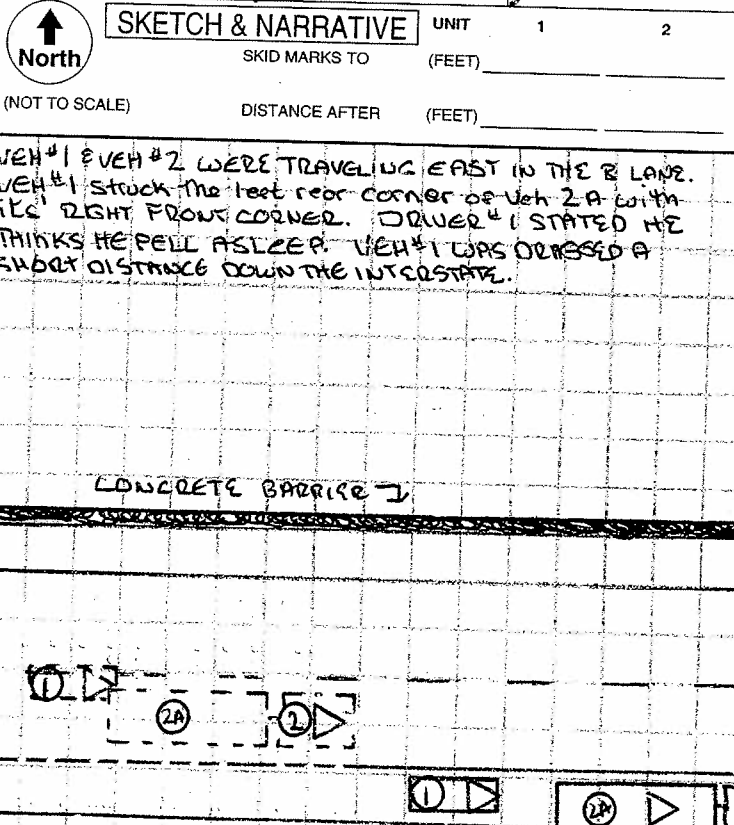


Wendy Taylor
Taylor Transfer, Inc.
Owner, Secretary
Enclosure (5 pages)

OREGON POLICE TRAFFIC CRASH REPORT

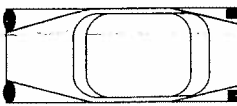
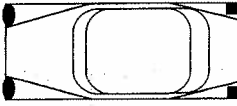
POLICE INCIDENT / CASE NUMBER 507-369640		CRASH DATE 9-19-07		DAY OF WEEK M T W T F S S		CRASH TIME 10:25 PM		POLICE NOTIFIED 10:34 AM		POLICE ARRIVAL 10:47 PM		DMV FILE NUMBER															
COUNTY HOOD RIVER		ROAD ON WHICH CRASH OCCURRED INTERSTATE 84										MILE POST 65		DMV CODE													
<input checked="" type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR 2 MILES W US 35														<input checked="" type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR 2 MILES W HOOD RIVER													
<input checked="" type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS																											
UNIT #1		NAME (LAST, FIRST, MIDDLE) WEYERMAN DAVID ALLEN										DRIVER LICENSE NUMBER 596 9849				STATE OR		SEX M		RACE W		DOB 4-25-66					
PED		ADDRESS 1511 E. 9th St #C THE OAKS OR 97088										HOME PHONE (541) 296-4335															
BIC																											
PRK		VEHICLE OWNER THE OAKS OR 97088																									
PRP		<input checked="" type="checkbox"/> SAME																									
FIRE		STD SPD 71										PST SPD 65				INSURANCE COMPANY FARMERS											
Y		<input type="checkbox"/> NONE																									
EJECTED		VEHICLE IDENTIFICATION NUMBER (VIN) 2FMZA50492BA65348										LICENSE PLATE NUMBER CL54197				STATE OR		YEAR 02		MAKE FORD		MODEL / STYLE WINDSTAR van		COLOR WHI			
Y																											
VEHICLE TOWED:		<input checked="" type="checkbox"/> N										<input type="checkbox"/> UNKNOWN				DRIVER TAKEN:		<input checked="" type="checkbox"/> Y		<input type="checkbox"/> UNKNOWN							
BY:		RIVERS EDGE										TO: The Dalles				BY:											
VEHICLE DAMAGE												DAMAGE ESTIMATE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input checked="" type="checkbox"/> OVER \$1500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN				INJURY:		<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> POSSIBLE		<input type="checkbox"/> MINOR		<input type="checkbox"/> SERIOUS		<input type="checkbox"/> FATAL	
		USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)														EQUIPMENT:		<input type="checkbox"/> NO EQP USED		<input type="checkbox"/> LAP ONLY		<input checked="" type="checkbox"/> LAP / SHLDR		<input type="checkbox"/> CHLD RST-PRP		<input type="checkbox"/> A/BAG-DEPLYD	
																<input type="checkbox"/> NONE INSTLD		<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> SHLDR ONLY		<input type="checkbox"/> HELMET		<input type="checkbox"/> CHLD RST-IMPR		<input checked="" type="checkbox"/> A/BAG-NOT DP	
																ACTION / ARREST / CITES											
HIT AND RUN		SUSPECT NAME										AKA															
		ADDRESS																									
		SEX RACE DOB HT WT HAIR EYES LOCAL ID																									
UNIT #2		NAME (LAST, FIRST, MIDDLE) LOVETT ROBERT MCNEW										DRIVER LICENSE NUMBER 2364660				STATE OR		SEX M		RACE W		DOB 11-1-51					
PED		ADDRESS 615 E. WILSHIRE HERMISTON OR 97838										HOME PHONE (541) 567-0805															
BIC																											
PRK		VEHICLE OWNER 97838																									
PRP		<input type="checkbox"/> SAME																									
FIRE		STD SPD 55										PST SPD 55				INSURANCE COMPANY LIBERTY NW											
Y		<input type="checkbox"/> NONE																									
EJECTED		VEHICLE IDENTIFICATION NUMBER (VIN) 1XKW980312876917										LICENSE PLATE NUMBER JAFO P 020				STATE OR		YEAR 01		MAKE KW		MODEL / STYLE COMP TI		COLOR WHI / BLD			
Y																											
VEHICLE TOWED:		<input checked="" type="checkbox"/> Y										<input type="checkbox"/> UNKNOWN				DRIVER TAKEN:		<input checked="" type="checkbox"/> Y		<input type="checkbox"/> UNKNOWN							
BY:																BY:											
VEHICLE DAMAGE												DAMAGE ESTIMATE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNDER \$1500 <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> ROLLOVER <input type="checkbox"/> UNDERCARR <input type="checkbox"/> TOTALED <input type="checkbox"/> UNKNOWN				INJURY:		<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> POSSIBLE		<input type="checkbox"/> MINOR		<input type="checkbox"/> SERIOUS		<input type="checkbox"/> FATAL	
		USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)														EQUIPMENT:		<input type="checkbox"/> NO EQP USED		<input type="checkbox"/> LAP ONLY		<input checked="" type="checkbox"/> LAP / SHLDR		<input type="checkbox"/> CHLD RST-PRP		<input type="checkbox"/> A/BAG-DEPLYD	
																<input type="checkbox"/> NONE INSTLD		<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> SHLDR ONLY		<input type="checkbox"/> HELMET		<input type="checkbox"/> CHLD RST-IMPR		<input type="checkbox"/> A/BAG-NOT DP	
																ACTION / ARREST / CITES											
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		<input type="checkbox"/> WITNESS																									
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		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
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		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
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BY:																											
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		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
PASSENGER TAKEN:		<input checked="" type="checkbox"/> Y		<input type="checkbox"/> N		<input type="checkbox"/> UNKNOWN																					
BY:																											
UNIT #		<input type="checkbox"/> PASSENGER NAME										ADDRESS															
		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
PASSENGER TAKEN:		<input checked="" type="checkbox"/> Y		<input type="checkbox"/> N		<input type="checkbox"/> UNKNOWN																					
BY:																											
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SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
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UNIT #		<input type="checkbox"/> PASSENGER NAME										ADDRESS															
		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
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BY:																											
UNIT #		<input type="checkbox"/> PASSENGER NAME										ADDRESS															
		<input type="checkbox"/> WITNESS																									
SEX		RACE		DOB		HOME PHONE				WORK PHONE																	
PASSENGER TAKEN:																											

Check ONE box in all categories. Check ALL boxes that apply in categories with (*).

FIRST HARMFUL EVENT	WEATHER	ROAD CHARACTER	*VEH RELATED FACTORS	TRUCK CONFIGURATION	PEDESTRIAN TYPE
NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain)	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN	#1 #2 <input checked="" type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE VEH #1 2 NUMBER OF LANES VEH #2 2 NUMBER OF LANES 4 TOTAL NUMBER OF LANES	#1 #2 <input checked="" type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER	#1 #2 <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input checked="" type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER	<input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input checked="" type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain)	SURFACE CONDITION #1 #2 <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER / UNKNOWN	ROAD FLOW #1 #2 <input checked="" type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED MEDIAN TYPE <input type="checkbox"/> UNPAVED <input checked="" type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN DRIVER LICENSE VIOLATION DRIVER #1 #2 <input checked="" type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPND / REVOKED <input type="checkbox"/> UNLICENSED	VEHICLE MOVEMENT #1 #2 <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER	* PASSENGER FACTORS PASS #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) UNIT #1 PASS #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) UNIT #2 PASS #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)	* PEDESTRIAN ACTION <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPROCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN PED / BIKE VISIBILITY CLOTHING <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN * PED / BIKE FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)	SURFACE TYPE #1 #2 <input type="checkbox"/> CONCRETE <input checked="" type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER	* DRIVER FACTORS DRIVER #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISGRD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input checked="" type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	TRAILER TYPE #1 #2 <input type="checkbox"/> LOG BUNK <input checked="" type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	PEDESTRIAN LOCATION IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	
EVENT LOCATION ON ROADWAY <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN	TRAFFIC CONTROL TYPE #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR-CROSSING w/ PAVEMENT MARKINGS <input checked="" type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN	* IMPAIRMENT DRIVER #1 #2 <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN			
SPECIAL ZONE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	TRAFFIC CONTROL DEVICE CONDITION #1 #2 <input checked="" type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTN <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input checked="" type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER RESULTS OF TEST: D1 _____ % D2 _____ % <input checked="" type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESLTS NOT AVAILABLE			
SKETCH & NARRATIVE <div><div><div>North</div><div>SKID MARKS TO (FEET) _____</div><div>DISTANCE AFTER (FEET) _____</div></div><p>VEH #1 & VEH #2 WERE TRAVELING EAST IN THE R LANE. VEH #1 STRUCK THE REAR REAR CORNER OF VEH #2 WITH ITS RIGHT FRONT CORNER. DRIVER #1 STATED HE THINKS HE FELL ASLEEP. VEH #1 WAS OBSESSED A SHORT DISTANCE DOWN THE INTERSTATE.</p><p>CONCRETE BARRIER</p></div>					

OREGON POLICE TRAFFIC CRASH REPORT

PAGE 3 of 4

POLICE INCIDENT / CASE NUMBER SP07-369640		CRASH DATE 9-19-07	DAY OF WEEK M T W T H F S S N	CRASH TIME 10:25 AM	POLICE NOTIFIED 10:34 AM	POLICE ARRIVAL 10:47 PM	DMV FILE NUMBER
COUNTY HOOD RIVER		ROAD ON WHICH CRASH OCCURRED INTERSTATE 84				MILE POST 65	DMV CODE
<input checked="" type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR 2 MILES EW US 35				<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR 2 MILES EW HOOD RIVER			
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROPERTY DAMAGE <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> TRAIN R/R <input type="checkbox"/> TRUCK / BUS							
UNIT # 2A	NAME (LAST, FIRST, MIDDLE) (DRIVER 2)			DRIVER LICENSE NUMBER		STATE OR	SEX 92
PED BIC	ADDRESS			HOME PHONE ()		RACE	DOB
PRK PRP	VEHICLE OWNER <input type="checkbox"/> SAME TAYLOR INDUSTRIES INC			WORK PHONE ()			
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE		INSURANCE POLICY NUMBER		
EJECTED Y P N	EXTCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN) 1PLE0483XUA08630		LICENSE PLATE NUMBER HP 34600	STATE OR	YEAR 92	MAKE PEERLESS
MODEL / STYLE SEMI TRAILER		COLOR SL					
VEHICLE TOWED: Y <input checked="" type="checkbox"/> UNKNOWN				DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN			
BY: _____ TO: _____				BY: _____ TO: _____			
VEHICLE DAMAGE				INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL			
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FRONT</div>  <div style="margin-left: 10px;"> DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCART <input checked="" type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN </div> </div>				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP			
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES			
SUSPECT NAME					AKA		IN CUSTODY Y N
ADDRESS					OTHER INFORMATION:		
SEX	RACE	DOB	HT	WT	HAIR	EYES	LOCAL ID
UNIT # NAME (LAST, FIRST, MIDDLE)					DRIVER LICENSE NUMBER		STATE SEX
ADDRESS					HOME PHONE ()		RACE DOB
PED BIC	VEHICLE OWNER					WORK PHONE ()	
PRK PRP	<input type="checkbox"/> SAME						
FIRE Y N	STD SPD	PST SPD	INSURANCE COMPANY <input type="checkbox"/> NONE		INSURANCE POLICY NUMBER		
EJECTED Y P N	EXTCTD Y N	VEHICLE IDENTIFICATION NUMBER (VIN)		LICENSE PLATE NUMBER	STATE OR	YEAR 92	MAKE PEERLESS
MODEL / STYLE SEMI TRAILER		COLOR SL					
VEHICLE TOWED: Y N <input type="checkbox"/> UNKNOWN				DRIVER TAKEN: Y N <input type="checkbox"/> UNKNOWN			
BY: _____ TO: _____				BY: _____ TO: _____			
VEHICLE DAMAGE				INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL			
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FRONT</div>  <div style="margin-left: 10px;"> DAMAGE ESTIMATE <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCART <input checked="" type="checkbox"/> UNDER \$1500 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1500 <input type="checkbox"/> UNKNOWN </div> </div>				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> A/BAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> A/BAG-NOT DP			
USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES			
UNIT # <input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS					ADDRESS		
SEX	RACE	DOB	HOME PHONE ()	WORK PHONE ()	INJURY <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION LF CF RF LR CR RR
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN					OTHER: _____		
BY: _____ TO: _____					EJECTED Y P N		
EXTCTD Y N							
UNIT # <input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS					ADDRESS		
SEX	RACE	DOB	HOME PHONE ()	WORK PHONE ()	INJURY <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION LF CF RF LR CR RR
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN					OTHER: _____		
BY: _____ TO: _____					EJECTED Y P N		
EXTCTD Y N							
UNIT # <input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS					ADDRESS		
SEX	RACE	DOB	HOME PHONE ()	WORK PHONE ()	INJURY <input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION LF CF RF LR CR RR
PASSENGER TAKEN: Y N <input type="checkbox"/> UNKNOWN					OTHER: _____		
BY: _____ TO: _____					EJECTED Y P N		
EXTCTD Y N							

PM

PM

A

B

C

D

E

44

Check ONE box in all categories. Check ALL boxes that apply in categories with (*).

FIRST HARMFUL EVENT	WEATHER	ROAD CHARACTER	★VEH RELATED FACTORS	TRUCK CONFIGURATION	PEDESTRIAN TYPE
NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain)	<input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN	# 1 # 2 <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE VEH # 1 — NUMBER OF LANES VEH # 2 — NUMBER OF LANES — TOTAL NUMBER OF LANES	# 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER	# 1 # 2 <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER	<input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN	SURFACE CONDITION # 1 # 2 <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER / UNKNOWN	ROAD FLOW # 1 # 2 <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSLY DIVIDED MEDIAN TYPE <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN	VEHICLE MOVEMENT # 1 # 2 <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER	★ PASSENGER FACTORS PASS UNIT #1 # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) PASS UNIT #2 # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)	★ PEDESTRIAN ACTION <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPROCH / LEAVE SC BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN
FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE O/PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCRT or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain)	SURFACE TYPE # 1 # 2 <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER	DRIVER LICENSE VIOLATION # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPENDED / REVOKED <input type="checkbox"/> UNLICENSED	TRAILER TYPE # 1 # 2 <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	PEDESTRIAN LOCATION IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	PED / BIKE VISIBILITY CLOTHING <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN
OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain)	LIGHT <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN	★ DRIVER FACTORS # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDE/WAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			★ PED / BIKE FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
EVENT LOCATION ON ROADWAY <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN	TRAFFIC CONTROL TYPE # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES / STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> TURN LANES <input type="checkbox"/> UNKNOWN	★ IMPAIRMENT # 1 # 2 <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN			
SPECIAL ZONE <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	TRAFFIC CONTROL DEVICE CONDITION # 1 # 2 <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM PROPER POSITION <input type="checkbox"/> OBSCURED BY OTHER SIGNS <input type="checkbox"/> OBSCURED BY PARKED VEHICLE <input type="checkbox"/> OBSCURED BY VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTION <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
		RESULTS OF TEST: D1 _____% D2 _____% <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESULTS NOT AVAILABLE			

North

(NOT TO SCALE)

SKID MARKS TO

DISTANCE AFTER

UNIT 1 2

(FEET) _____

(FEET) _____



U.S. Department
of
Transportation

**Federal Motor
Carrier Safety
Administration**

1200 New Jersey Ave., S.E.
Washington, DC 20590

June 6, 2008
In reply refer to:
Your USDOT No.: 1000653
Review No.: 635643/CR

WENDY TAYLOR
VICE PRESIDENT
TAYLOR TRANSFER INC
TAYLOR TRANSFER
PO BOX 699
BOARDMAN, OR 97818-0699

Dear WENDY TAYLOR:

The motor carrier safety rating for your company is:

CONDITIONAL

This CONDITIONAL rating is the result of a review and evaluation of your safety fitness completed on May 23, 2008. A CONDITIONAL rating indicates that your company does not have adequate safety management controls in place to ensure compliance with the safety fitness standard that could result in occurrences of violations listed in 49 C.F.R. 385.5(a-k).

Immediate action must be taken to correct any deficiencies or violations discovered during the compliance review. Your operation was found to be deficient with respect to the applicable safety regulations in the following areas:

Part 396 INSPECTION, REPAIR AND MAINTENANCE
Part 395 HOURS OF SERVICE OF DRIVERS
RECORDABLE CRASH RATE

Please refer to the copy of the compliance review left at your office for more specific guidance regarding areas in need of corrective action.

You may obtain further information from the local Federal Motor Carrier Safety Administration office listed below:

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
THE EQUITABLE CENTER
530 CENTER STREET, NE, SUITE 100
SALEM, OR 97301
Telephone No.: 503-399-5775

You may request the Federal Motor Carrier Safety Administration to perform an administrative review of a proposed or final safety rating or you may request a change to a proposed or final safety rating based upon corrective action. The procedures and the time limits are described in 49 C.F.R. 385.15 and 385.17, respectively.

William A. Quade
Associate Administrator for Enforcement
and Program Delivery